

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Progressive Insurance PO Box 94739, Cleveland, OH 44101 | | | | | | CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): | | | | |
|---|---|-----|---|---------------|---|--|----------------------------|---|--------|--|
| | | | | | E-MAIL ADDRESS: progressivecommercial@email.progressive.com | | | | | |
| | | | | Ī | | | | NG COVERAGE | NAIC # | |
| | | | | | INSUR | ER A: Drive No | ew Jersey Insu | rance Company | 11410 | |
| INSURED | | | | | INSURER B: | | | | | |
| JAYCE ENTERPRISES LLC DBA: JAYCE ENTERPRISES LOGISTICS 138 E ELMER RD | | | | | INSURER C: | | | | | |
| VINELAND, NJ 08360 | | | | | INSURER D : | | | | | |
| | | | | | INSURER E : | | | | | |
| | | | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: 9699702570178 | | | | | 303979D111224T160210 REVISION NUMBER: | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | |
| INSR LTR | | | | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| Α | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 |) | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | N | | | 11/08/2024 | 11/08/2025 | MED EXP (Any one person) \$5,000 | | |
| | | | | 989166978 | | | | PERSONAL & ADV INJURY \$1,000,000 |) | |
| | | | | | | | | GENERAL AGGREGATE \$2,000,000 | | |
| | POLICY LIECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$2,000,000 |) | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$1,500,000 |) | |
| Α | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | |
| | OWNED AUTOS ONLY X SCHEDULED | Y | N | N 989166978 | | 11/08/2024 | 11/08/2025 | BODILY INJURY (Per accident) \$ | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | |
| | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | - | | | S DER OTH | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | E.L. EACH ACCIDENT \$ | | |
| | OFFICER/MEMBEREXCLUDED? (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | |
| | See ACORD 101 for additional coverage details. | | | | | | | \$ | | |
| Α | | Y | N | 989166978 | | 11/08/2024 | 11/08/2025 | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | |
| | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | |
| | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | |
| | | | | | | AUTHORIZED REPRESENTATIVE Mark Park | | | | |



1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE April 02, 2024

CERTIFICATE MC-1621432-C

U.S. DOT No. 4202344

JAYCE ENTERPRISES LLC

D/B/A JAYCE ENTERPRISES LOGISTICS

VINELAND, NJ

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Division Chief Office of Registration

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NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

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